

Overtime Inspection Request Application

Date:		
Permit Number:		
Address of Job/Location:		
Contractor Name:		
Company Name:		
Company Address:	State	
Company Phone Num	ber:	-
Owner's Phone Numb	er:	
Type of Inspection:	Building	
	Plumbing	
	Electrical	
	Mechanical (HVAC)	
Requested Date and T	ime of Inspection:	
Person Requesting the	e Overtime Inspection	
Inspector Assigned to	the Overtime Inspection	
(3) hour maximum ins	Hundred and Forty Dollars (\$240.00) for a spection, including drive time. Additional ho extension at the rate of \$240.00 for each 3 h	ours
Office Use Only:		
Approved By:	Date:	